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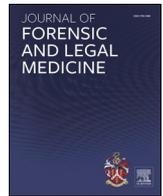
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Review

The lasting impact of COVID-19 on forensic mental health: A review of shifts in patient profiles, service delivery, and legal considerations

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ABSTRACT

The COVID-19 pandemic has had a profound and lasting impact on forensic mental health, reshaping patient profiles, disrupting service delivery, and introducing new legal and ethical challenges. This narrative review examines the long-term implications of the pandemic on forensic psychiatric populations, mental health service provision, and the justice system. Evidence suggests that rates of severe mental illness, including psychosis, depression, and anxiety, have increased among forensic patients, exacerbated by isolation, stress, and reduced access to care. Additionally, substance use disorders, and co-occurring psychiatric conditions have become more prevalent, complicating treatment and rehabilitation efforts. The pandemic also accelerated the adoption of telepsychiatry in forensic settings, improving accessibility but raising concerns about the reliability of remote assessments for competency evaluations and risk assessments. Inpatient and prison-based forensic psychiatric services experienced staff shortages, increased patient aggression, and limited access to therapeutic programs, further straining the system. Court closures and legal case backlogs delayed forensic evaluations, raising human rights concerns for detained individuals. Ethical dilemmas emerged regarding involuntary hospitalization, treatment prioritization, and resource allocation. As the forensic mental health field transitions into a post-pandemic landscape, key lessons include the need for hybrid forensic assessment models, strengthened forensic infrastructure, and better integration of legal and clinical perspectives. Future research should focus on developing resilient forensic mental health policies and ensuring equitable access to care while maintaining legal and ethical standards.

1. Introduction

The COVID-19 pandemic significantly disrupted global healthcare systems, posing unprecedented challenges across various medical and psychiatric disciplines.^{1–3} Among the most affected areas was forensic mental health, a field that lies at the critical intersection of psychiatry and law.^{4,5} Forensic mental health encompasses the assessment, treatment, and management of individuals with mental disorders who interact with the criminal justice system.⁶ This includes individuals found not criminally responsible due to mental illness, those deemed

incompetent to stand trial, and offenders with severe psychiatric conditions requiring hospitalization in secure forensic facilities. The pandemic introduced a new layer of complexity to this already intricate domain, exacerbating preexisting challenges while also creating novel issues that continue to affect forensic mental health services today.^{7,8}

The global crisis intensified psychiatric distress among forensic populations, many of whom were already experiencing severe mental health conditions.^{9,10} Factors such as increased social isolation, anxiety over the virus, loss of structured routines, and disruptions in psychiatric care contributed to worsening mental health symptoms, including

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higher rates of psychosis, depression, and suicidality.¹¹ Additionally, the pandemic led to an increase in substance use disorders, with many forensic patients experiencing heightened dependency on drugs and alcohol as a coping mechanism.¹² For individuals within correctional facilities, prolonged lockdowns, reduced access to rehabilitative programs, and the suspension of in-person visits further compounded their psychological struggles.^{13,14} The heightened risk of infection within prisons and psychiatric hospitals also raised ethical concerns regarding the management and prioritization of care for forensic patients.¹⁵

Beyond its impact on individual patients, the pandemic also reshaped how forensic mental health services were delivered.¹⁶ Traditional models of forensic psychiatry relied heavily on in-person assessments, court proceedings, and institutional-based care.¹⁷ However, COVID-19 necessitated rapid adaptations, leading to the widespread implementation of telepsychiatry for forensic evaluations and treatment sessions.¹⁸ While virtual consultations provided a temporary solution to ensure continuity of care, they also presented significant challenges, particularly regarding the reliability of forensic risk assessments, the ability to detect malingering, and the establishment of therapeutic relationships in a remote setting.¹⁹ Additionally, forensic psychiatric hospitals and correctional institutions faced operational challenges, including staff shortages, infection control measures, and increased incidences of violence and agitation among patients due to heightened stress and uncertainty.²⁰

The legal landscape also underwent significant transformations because of the pandemic, influencing key processes such as competency evaluations, criminal responsibility assessments, and court hearings.²¹ Delays in legal proceedings due to court closures led to prolonged detainment for individuals awaiting psychiatric evaluations, raising human rights concerns.²² Moreover, forensic experts and legal professionals had to grapple with emerging questions regarding the mental health effects of COVID-19 itself.²³ Early research suggested that the virus might have neurological and psychiatric consequences, leading to discussions about whether post-COVID cognitive impairments or psychotic symptoms should be considered in legal defences or competency rulings.^{24,25} The pandemic also highlighted broader ethical dilemmas, such as how to balance public health measures with the rights of forensic patients, particularly in instances where individuals refused treatment or where institutions had to prioritize resources amidst overwhelming demand.^{26,27}

As societies gradually transition into a post-pandemic reality, it is imperative to critically examine the long-term implications of these disruptions on forensic mental health. While the initial response to the crisis was largely reactive, a deeper analysis is needed to assess how forensic mental health systems have adapted and whether these changes should be sustained, modified, or abandoned altogether. Additionally, forensic psychiatrists, legal professionals, and policymakers must collaborate to address ongoing challenges, including the integration of digital health solutions, the reform of legal procedures to accommodate future crises, and the development of policies that ensure equitable access to forensic mental health care.^{28–30}

The COVID-19 pandemic has significantly disrupted forensic mental health, yet the long-term implications of these changes remain underexplored.^{31,32} While immediate challenges such as increased psychiatric distress, service disruptions, and legal delays were widely acknowledged, their lasting effects on forensic patient profiles, treatment models, and legal considerations require further investigation.^{33,34} The pandemic accelerated the adoption of telepsychiatry and remote forensic assessments, raising concerns about their reliability, ethical implications, and long-term viability in legal settings.^{35,36} Given the critical role of forensic mental health at the intersection of psychiatry and the criminal justice system, it is essential to evaluate these shifts to ensure continued access to equitable and effective care. This narrative review aims to analyse how forensic mental health has evolved since the pandemic, focusing on changes in patient demographics, service delivery models, and legal adaptations. Specifically, the review will

examine shifts in forensic patient profiles, including psychiatric and substance use trends, evaluate the impact of the pandemic on forensic mental health service delivery, including the use of telepsychiatry and institutional care disruptions, assess the legal and ethical implications of pandemic-related changes, particularly in forensic assessments and court proceedings, and identify best practices and policy recommendations to enhance the resilience of forensic mental health systems. By synthesizing emerging evidence and expert perspectives, this study aims to contribute valuable insights that inform future forensic mental health policies, ensuring that services remain effective, ethical, and adaptable in a post-pandemic world.

2. Methods

This study adopts a narrative review methodology to synthesise and critically examine the literature on the long-term impact of the COVID-19 pandemic on forensic mental health. A narrative review was chosen due to its flexibility in incorporating a broad range of interdisciplinary sources, including empirical studies, expert commentaries, legal analyses, and policy reports, that address psychiatry, public health, and law. This approach allows for thematic exploration and expert-informed synthesis rather than strict quantitative aggregation.

2.1. Literature search strategy

To enhance the transparency and replicability of this review, a structured literature search was conducted between January 2020 and December 2024 using the following electronic databases:

- Medical and mental health sources: PubMed, MEDLINE, Embase, PsycINFO, and Scopus
- Legal and policy sources: Westlaw, HeinOnline, and Google Scholar
- Health policy and international agency reports: World Health Organization (WHO), U.S. Centers for Disease Control and Prevention (CDC), and the National Institute of Mental Health (NIMH)

The search strategy combined Medical Subject Headings (MeSH) and free-text keywords to maximize the breadth of relevant results. Example search terms included:

- ("COVID-19" OR "coronavirus" OR "pandemic") AND
- ("forensic psychiatry" OR "forensic mental health" OR "secure psychiatric services" OR "prison mental health") AND
- ("telepsychiatry" OR "remote assessment" OR "virtual care" OR "mental health service delivery") AND
- ("legal competency" OR "fitness to stand trial" OR "criminal responsibility") AND
- ("ethical considerations" OR "human rights" OR "involuntary admission" OR "resource allocation")

Boolean operators were used to refine and broaden results where necessary. The search was limited to English-language publications and prioritised peer-reviewed journal articles, systematic reviews, government or organisational reports, and relevant grey literature (e.g., pre-prints, white papers).

2.2. Inclusion and exclusion criteria

Articles were included if they met the following criteria:

- Published from January 2020 onward
- Focused on forensic psychiatric populations, forensic mental health services, or legal processes involving mentally ill offenders
- Addressed service delivery changes, including telepsychiatry or institutional adaptations, or explored the ethical and legal ramifications of pandemic-related disruptions

Exclusion criteria included:

- Studies on general psychiatric populations with no forensic relevance
- Articles lacking empirical or conceptual relevance to the pandemic's impact on forensic settings
- Duplicates or papers with insufficient methodological clarity

Additionally, the reference lists of key studies and review articles were manually screened to identify additional high-value sources that might have been missed during the database searches.

2.3. Data extraction and thematic synthesis

Data from included sources were analysed using a thematic synthesis approach, which involved:

1. Identifying and coding relevant content within each study
2. Organising the codes into overarching themes
3. Structuring the synthesis around three central areas:
 - Changes in forensic patient profiles (e.g., mental illness, substance use, neuropsychiatric effects)
 - Adaptations in service delivery models (e.g., telepsychiatry, inpatient care, community services)
 - Legal and ethical implications (e.g., court delays, competency evaluations, ethical dilemmas)

Studies were appraised for relevance and contribution to the review's objectives, with preference given to peer-reviewed literature and high-quality institutional publications. Although formal risk-of-bias tools were not employed due to the narrative nature of the review, each study's methodological soundness, transparency, and evidentiary strength were considered during synthesis.

3. Shifts in patient profiles: changing mental health trends in forensic populations

The pandemic has had a profound impact on mental health globally, increasing the prevalence of psychiatric disorders due to stress, social isolation, financial hardship, and bereavement.^{37,38} These effects have been particularly pronounced in forensic populations, where preexisting vulnerabilities were exacerbated by the crisis.³⁹

3.1. Increased incidence of severe mental illness and crisis presentations

The COVID-19 pandemic has led to a notable increase in severe mental health issues and crisis presentations, particularly among individuals with preexisting mental illnesses. Studies have documented a significant rise in symptoms of psychosis, depression, and anxiety during the pandemic.^{40,41} During the first wave of the COVID-19 pandemic, 36.7 % of respondents experienced clinical insomnia symptoms, 25.6 % had probable anxiety, and 23.1 % had probable depression.⁴² Many studies suggest that the prevalence of depression ranges from 15.2 % to 35 % and anxiety from 15.9 % to 38.4 % across various populations and conditions, with higher rates observed during specific circumstances such as conflict, COVID-19, and in certain medical conditions.^{43–47} These physiological symptoms were found to correlate with inflammatory markers like C-reactive protein and were more prevalent in patients with severe COVID-19 infections.⁴⁸

In forensic settings, the prolonged isolation resulting from lockdown measures exacerbated psychiatric conditions among incarcerated individuals and forensic psychiatric patients.^{49,50} The lack of social interaction, coupled with restricted access to therapeutic program, led to worsening symptoms of schizophrenia and affective disorders, often necessitating crisis interventions.⁵¹ A study focusing on the early impacts of the pandemic on mental health services noted that

organizational changes were implemented to ensure continuity of psychiatric care while reducing the risk of SARS-CoV-2 transmission.^{52–54} However, these changes sometimes resulted in reduced access to in-person psychiatric care, further challenging the management of severe mental illnesses in secure settings.^{55,56}

The pandemic also heightened suicide risk among forensic populations. Increased distress due to factors such as fear of infection, uncertainty about the future, and the isolation contributed to this risk.⁵⁷ The reduction in face-to-face psychiatric consultations during lockdowns meant that many forensic patients could not receive the timely interventions they required.^{58,59} A report on the psychosocial functioning of healthcare providers during the pandemic highlighted the broader challenges faced by mental health services, including the strain on resources and the need to adapt to rapidly changing circumstances, which indirectly affected patient care.^{60–62} These findings underscore the critical need for mental health services to adapt to the challenges posed by the pandemic, ensuring that individuals with severe mental illnesses, particularly within forensic settings, receive adequate support and intervention during such crises.

3.2. Substance use disorders and Co-occurring conditions

The COVID-19 pandemic has significantly impacted individuals with substance use disorders (SUDs), particularly within forensic populations.^{63,64} Economic hardships and heightened stress levels have contributed to an increase in SUDs, while disruptions to treatment programs have led to higher relapse rates and more complex co-occurring mental health issues among forensic psychiatric patients.^{65–67} Economic instability and increased stress during the pandemic have been linked to a rise in substance use.^{68,69} A survey by the American Psychological Association found that 13 % of Americans reported starting or increasing substance use as a way of coping with stress or emotions related to COVID-19.⁷⁰ For individuals within the criminal justice system, these factors have exacerbated existing vulnerabilities, leading to a notable increase in SUDs.⁷¹ The pandemic has also disrupted substance use treatment programs, particularly in forensic settings.⁷² Many rehabilitation facilities suspended programs and limited new admissions to mitigate virus transmission.^{73,74} These disruptions have led to increased relapse rates and heightened behavioural risks among individuals with SUDs.⁷⁵

Consequently, forensic psychiatric patients are now presenting with more complex co-occurring mental health and addiction issues than before the pandemic.^{76,77} The convergence of increased substance uses and limited access to treatment has intensified the severity of cases within forensic settings, posing significant challenges for healthcare providers.^{78,79} These findings underscore the need for targeted interventions to address the compounded challenges of SUDs and mental health disorders in forensic populations during and beyond the pandemic.

3.3. Neuropsychiatric and cognitive effects of COVID-19

Emerging evidence indicates that COVID-19 infection can lead to significant neuropsychiatric and cognitive consequences, including impairments in memory, attention, and executive function, as well as mood disturbances such as depression and anxiety.⁸⁰ The effects have been observed across various populations and may persist long after the acute phase of the illness.⁸¹ Studies have documented a range of neurological symptoms associated with COVID-19, including headaches, altered consciousness, and paraesthesia.^{82,83} Additionally, there is evidence of brain tissue edema and partial neurodegeneration in some patients.^{84,85} These findings suggest that the virus has the potential to cause nervous system damage, leading to cognitive impairments and mood disorders. Fig. 1 illustrates cognitive impairments, neurological symptoms, and psychiatric effects.

In forensic settings, individuals who contracted COVID-19 may be at

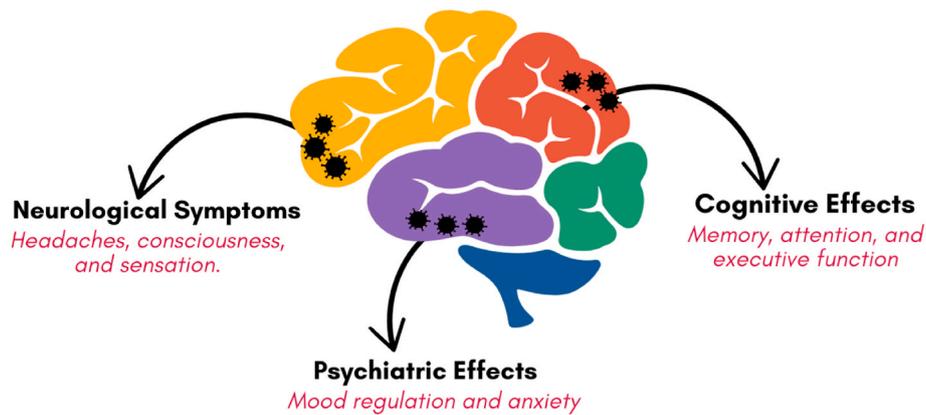


Fig. 1. Neuropsychiatric and cognitive effects of COVID-19 on the brain.

increased risk for long-term psychiatric symptoms.^{86,87} The combination of pre-existing mental health conditions and the neuropsychiatric effects of the virus can exacerbate cognitive impairments and mood disturbances.⁸⁸ This has significant implications for legal competencies and rehabilitation outcomes, as cognitive deficits and mood disorders can affect an individual's ability to participate in legal proceedings and benefit from rehabilitative interventions.⁸⁹

The findings underscore the importance of monitoring and addressing the neuropsychiatric and cognitive effects of COVID-19 forensic populations. Early identification and intervention are crucial to mitigate the impact on legal competencies and rehabilitation outcomes. Further research is needed to understand the long-term effects of COVID-19 on the brain and to develop effective strategies for managing these challenges in forensic settings.

4. The evolution of forensic mental health service delivery

The COVID-19 pandemic forced forensic mental health services to adapt rapidly, leading to significant shifts in assessment, treatment, and crisis management.^{90,91} Traditional in-person forensic evaluations and psychiatric care were disrupted, necessitating the widespread adoption of telepsychiatry for competency assessments, risk evaluations, and therapeutic interventions.⁹² Secure psychiatric hospitals and correctional facilities faced operational challenges, including staff shortages, infection control measures, and increased patient agitation due to isolation and restricted movement.^{93,94} Community forensic services also had to modify their approach, relying on virtual check-ins and alternative supervision strategies for individuals under legal and psychiatric care.⁹⁵ These changes, while essential for continuity of care during the crisis, have raised questions about the long-term viability, effectiveness, and ethical implications of remote forensic mental health practices in a post-pandemic world.^{96,97}

4.1. The rise of telepsychiatry in forensic assessments

The COVID-19 pandemic has significantly accelerated the adoption of telepsychiatry within forensic mental health services, transforming traditional practices in assessments and evaluations.^{98,99} As in-person interactions became limited due to health concerns, telehealth emerged as a primary mode for delivering psychiatric care, including conducting forensic evaluations and competency assessments.^{100,101} This shift has prompted both opportunities and challenges in the field.

The integration of telepsychiatry into forensic settings has enhanced access to care, particularly in underserved or remote areas.^{92,102} Studies have demonstrated that telepsychiatry assessments can be as reliable as in-person evaluations for various psychiatric conditions.^{103,104} For instance, research indicates high interrater reliability between telemedicine and face-to-face assessments when using standardized tools

like the Brief Psychiatric Rating Scale and the MacArthur Competence Assessment Tool–Criminal Adjudication.^{105,106}

However, concerns persist regarding the efficacy of telepsychiatry in forensic evaluations. Critics argue that remote assessments may be more susceptible to feigned responses or defensive behaviours that are harder to detect without physical presence.¹⁰⁷ Additionally, evaluating subtle psychiatric symptoms, such as the negative symptoms of schizophrenia, may be challenging in a virtual format due to the nuances involved in patient observation and interaction.^{108,109}

The legal community remains divided on the long-term adoption of telepsychiatry in forensic contexts.¹¹⁰ While some practitioners advocate for its continued use, citing comparable outcomes to traditional methods, others call for more rigorous research to address validity concerns and to establish comprehensive guidelines.^{111,112} The need for standardized protocols is emphasized to ensure that tele psychiatric evaluations meet the evidentiary standards required in legal proceedings.^{113,114} Overall, while telepsychiatry has provided a viable alternative for forensic assessments during the pandemic, ongoing debates highlight the necessity for further studies and the development of best practice guidelines to ensure its reliability and acceptance in legal and clinical decision-making.

4.2. Disruptions to inpatient and prison-based forensic mental health care

The COVID-19 pandemic has significantly disrupted inpatient and prison-based forensic mental health care, leading to challenges such as staffing shortages, increased patient aggression, and limitations on therapeutic interventions.¹¹⁵ These disruptions have adversely affected patient outcomes and raise concerns about the adequacy of care in secure settings.¹¹⁶ Forensic psychiatric hospitals and correctional facilities have faced notable staffing shortages during the pandemic.^{117,118} Factors contributing to this issue include healthcare workers contracting the virus, the need for quarantine, and burnout due to increased workloads.^{119,120} A study analysing the impact of COVID-19 on forensic mental health services in London reported significant challenges in maintaining adequate staffing levels, which affected the continuity and quality of patient care.¹²¹

The pandemic has also led to heightened patient aggression within these facilities.^{122,123} Restrictions on movement, suspension of visitation rights, and the overall stress associated with the pandemic have contributed to increased agitation and aggressive behaviours among patients.¹²⁴ Research indicates that prolonged lockdowns and preventive quarantine measures resulted in elevated rates of anxiety, depression, and exacerbation of psychotic symptoms among detained individuals, further contributing to aggressive incidents.^{125–127}

In response to the risk of COVID-19 outbreaks, many facilities implemented strict isolation measures and restricted in-person therapy sessions, including group therapy and rehabilitation programs.^{128,129}

While necessary for infection control, these measures hindered patient progress by limiting access to essential therapeutic activities. A study on the psychosocial rehabilitation of forensic psychiatric patients in Austria found that the suspension of group therapies and limited social interactions negatively impacted patients' mental health and rehabilitation outcomes.¹³⁰ These challenges underscore the need for developing strategies to mitigate the impact of pandemics on forensic mental health care. Ensuring adequate staffing, maintaining access to therapeutic interventions, and balancing infection control with patient well-being are critical considerations for managing future public health crises in secure settings.

4.3. Changes in community forensic services and reintegration challenges

The COVID-19 pandemic has significantly disrupted community forensic services, presenting substantial challenges for the reintegration of forensic patients into society.^{130,131} Parole and probation services experienced delays and operational hurdles, complicating the release processes and subsequent community reintegration efforts for these individuals.^{132,133} Concurrently, reductions in social services and increased housing instability further marginalized forensic patients during their transition back into the community.^{134,135} In response, mental health providers and law enforcement agencies adapted by implementing remote supervision methods and virtual check-ins to maintain oversight and support for forensic patients.^{136,137}

The pandemic led to significant disruptions in parole and probation services, resulting in delays in the release of forensic patients and complicating their reintegration into the community.^{138,139} These delays were often due to the suspension of in-person meetings and the postponement of court proceedings, which are critical components of the parole and probation process.^{140–142} The shift to remote operations posed challenges in effectively monitoring and supporting individuals under supervision, thereby hindering their successful reintegration.^{143–145}

Additionally, the pandemic exacerbated existing challenges related to social services and housing stability for forensic patients.¹⁴⁶ Many individuals faced reduced access to essential services due to closures or limited operations of community organizations.^{147,148} Housing instability became a more pressing issue as economic hardships increased, making it difficult for forensic patients to secure stable living conditions upon release.^{149–151} This lack of support and stability further marginalized these individuals, increasing their risk of recidivism and adverse mental health outcomes.¹⁵²

In response to these challenges, mental health providers and law enforcement agencies adapted by implementing remote supervision and virtual check-ins for forensic patients in the community.^{153,154} The adoption of telehealth services allowed for continued mental health support, while virtual supervision methods enabled probation and parole officers to maintain contact with individuals under their supervision.^{155,156} These adaptations were crucial in providing ongoing support and monitoring during a time when traditional in-person interactions were limited.

These developments underscore the need for flexible and resilient community forensic services capable of adapting to unforeseen challenges. Ensuring the availability of essential social services and stable housing, along with the integration of effective remote supervision methods, is vital for the successful reintegration of forensic patients into society, both during and beyond pandemic conditions. The COVID-19 pandemic has fundamentally altered the forensic patient release and reintegration process, leading to disruptions, challenges, and the implementation of adaptive measures (Fig. 2). These changes have reshaped the landscape of reintegration efforts and require careful consideration moving forward.

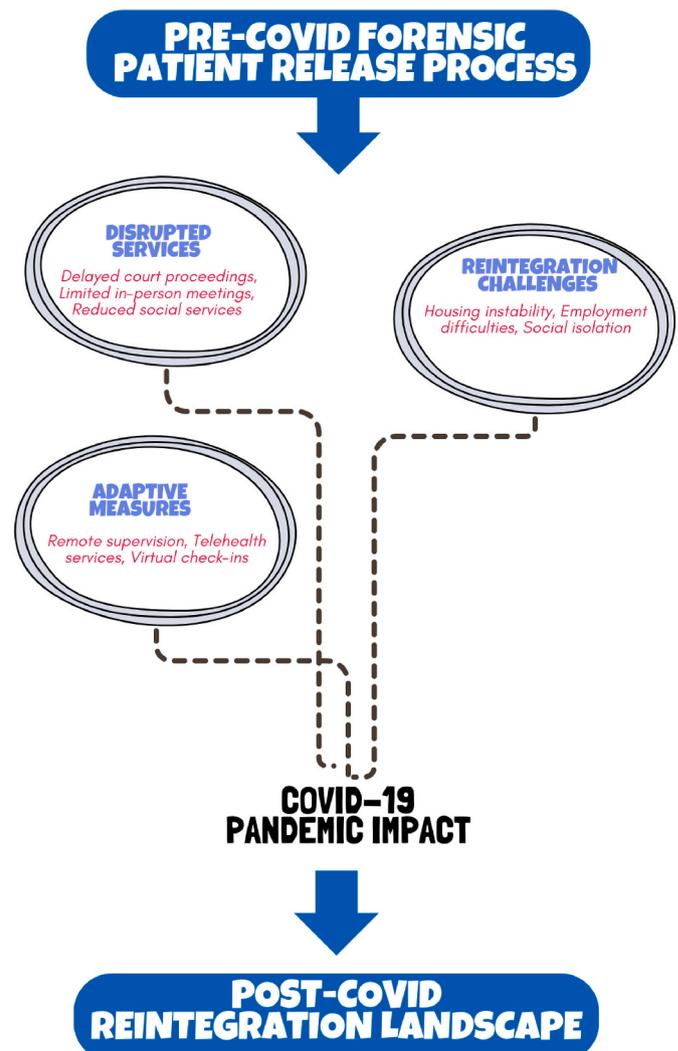


Fig. 2. The impact of the COVID-19 pandemic on the forensic patient release and reintegration process, highlighting disruptions to services, new reintegration challenges, and adaptive measures implemented.

5. Legal and ethical considerations in forensic mental health post-pandemic

The COVID-19 pandemic introduced complex legal and ethical challenges in forensic mental health, reshaping how legal processes, forensic evaluations, and psychiatric care are conducted.¹⁵⁷ Court closures and case backlogs delayed competency hearings and criminal responsibility assessments, raising concerns about prolonged detainment and due process violations.^{158,159} The rapid shift to telepsychiatry for forensic assessments sparked debates over its reliability and admissibility in legal proceedings.¹⁶⁰ Ethical dilemmas emerged regarding involuntary hospitalization, treatment refusals, and resource allocation in overburdened forensic facilities.¹⁶¹ As the post-pandemic era unfolds, balancing public health priorities with legal rights and ethical responsibilities remains a critical issue for forensic mental health professionals and policymakers.

5.1. Delays and backlogs in the legal system

The COVID-19 pandemic has led to significant delays and backlogs in the legal system, particularly affecting individuals awaiting competency evaluations and criminal responsibility assessments.¹⁶² Court closures and the suspension of judicial proceedings have resulted in prolonged

detentions, raising human rights concerns, especially for those held in forensic psychiatric units without timely access to legal processes.^{17, 163,164} In many countries, judicial proceedings were suspended or postponed, hindering immediate judicial protection and creating a backlog of cases that affects the effectiveness and quality of criminal justice responses.¹⁶⁵

These delays have exacerbated the already strained system, leading to extended periods of confinement for defendants presumed innocent, sometimes far exceeding the potential sentences for their alleged offenses.¹⁶⁶ The situation underscores the need for systemic reforms to address the inefficiencies in processing competency evaluations and to uphold the rights of individuals within the justice system.

5.2. The impact on criminal responsibility and fitness to stand trial

The COVID-19 pandemic has introduced complex considerations in forensic psychiatry, particularly regarding criminal responsibility and fitness to stand trial.¹⁶⁷ Emerging cases of COVID-19-related psychosis have prompted discussions about whether pandemic-induced mental health conditions should influence criminal responsibility defences.¹⁶⁸ For instance, a case study highlighted an individual who developed acute psychosis with delusions centred on SARS-CoV-2 infection, leading to violent behaviour.¹⁶⁹ This raises questions about the extent to which such pandemic-induced psychosis could impact assessments of criminal responsibility.

Additionally, the long-term neuropsychiatric effects of COVID-19, such as cognitive impairments, have implications for competency to stand trial assessments.¹⁷⁰ Cognitive deficits resulting from COVID-19 may affect a defendant's ability to understand legal proceedings or assist in their defence, which are critical components of competency evaluations.¹⁷¹ Legal professionals are debating how to address these challenges, emphasizing the need for updated guidelines to assess defendants who have experienced COVID-19-related cognitive impairments.¹⁷² These developments underscore the necessity for the legal system to adapt to the evolving understanding of COVID-19's neuropsychiatric impacts. Courts and forensic experts must consider these factors when evaluating criminal responsibility and competency to

ensure fair and just legal proceedings.

5.3. Ethical dilemmas in forensic psychiatry

The COVID-19 pandemic has presented forensic psychiatry with complex ethical dilemmas, particularly concerning involuntary hospitalization and resource allocation.¹⁷³ Clinicians faced challenges in deciding whether to hospitalize patients against their will during outbreaks, balancing the need for treatment with the risk of virus transmission within facilities.¹⁷³ The situation raised concerns about patient autonomy and the potential for harm due to increased exposure to COVID-19 in congregate settings.¹⁷⁴ Additionally, the reallocation of medical resources, such as prioritizing general hospital beds over forensic psychiatric admissions, led to ethical debates about equity in mental health care.^{175,176} These decisions often resulted in limited access to necessary psychiatric treatment for forensic patients, highlighting systemic disparities and the need for ethical frameworks to guide resource distribution during public health crises. As illustrated in Fig. 3, delays in the legal system, complexities in assessing criminal responsibility, and ethical dilemmas have become prominent concerns in forensic mental health post-pandemic.

6. Lessons learned and future directions

The COVID-19 pandemic highlighted critical vulnerabilities in forensic mental health systems, emphasizing the need for resilience, adaptability, and innovation in service delivery. The crisis exposed gaps in patient care, legal processes, and resource allocation, prompting the rapid adoption of telepsychiatry, revised legal procedures, and alternative supervision methods.¹⁷⁷ Moving forward, several key lessons can guide improvements:

6.1. Enhancing telepsychiatry while addressing its limitations

The COVID-19 pandemic has accelerated the adoption of telepsychiatry in forensic mental health, offering solutions to challenges posed by restricted in-person interactions.^{92,178,179} While telepsychiatry

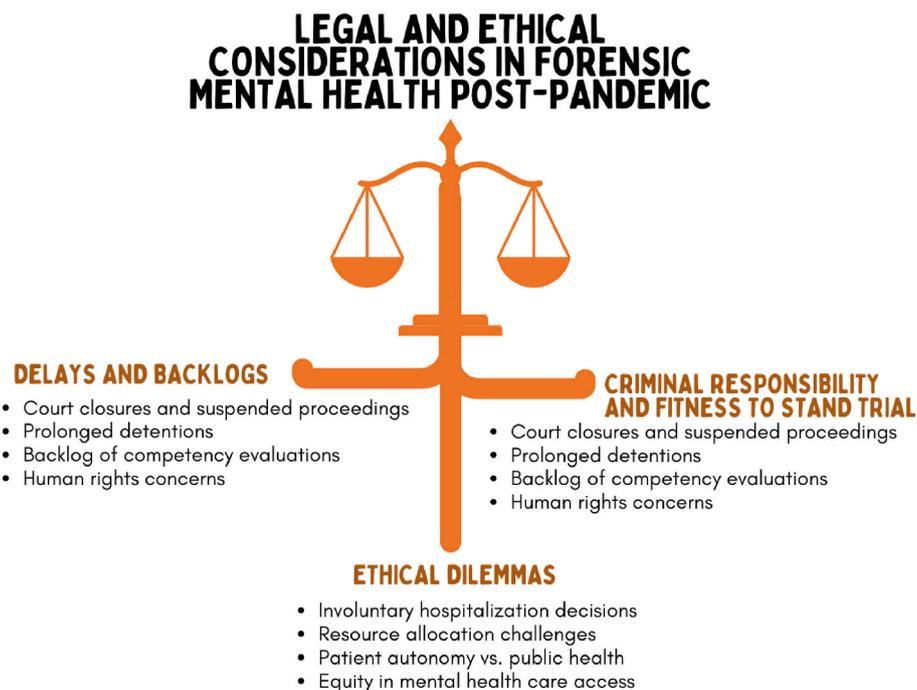


Fig. 3. Summary of key legal and ethical considerations in forensic mental health in the post-pandemic era, including challenges related to court delays, criminal responsibility assessments, and ethical dilemmas concerning patient care and resource allocation.

has improved accessibility, concerns persist regarding its effectiveness in conducting comprehensive forensic evaluations, particularly in assessing nuanced behaviours and ensuring the authenticity of patient responses.¹⁸⁰ To address these limitations, hybrid models that integrate both in-person and remote assessments have been proposed.¹⁸¹ Such models aim to combine the convenience and reach of telepsychiatry with the depth of face-to-face interactions, potentially enhancing the quality and reliability of forensic evaluations.¹⁸¹ The Aman Psychiatric Association suggests that hybrid care models can maximize the benefits of virtual and physical interactions, tailoring approaches to individual patient needs and specific clinical scenarios.^{182,183} Implementing these models requires careful consideration of administrative, operational, and clinical factors to ensure efficacy and maintain ethical standards. By leverage the strengths of both modalities, forensic mental health services can enhance assessment accuracy while maintaining accessibility.

6.2. Strengthening forensic mental health infrastructure

The COVID-19 pandemic has underscored the critical need to strengthen forensic mental health infrastructure to ensure continuity of care during crises.¹⁸⁴ Investments in secure psychiatric facilities, community services, and telehealth resources are essential to build a resilient system capable of adapting to future challenges.¹⁸⁵ Secure psychiatric facilities faced significant challenges during the pandemic, including outbreaks of COVID-19 among patients and staff, leading to disruptions in care.¹⁸⁶ For instance, a study reported outbreaks in two secure forensic units, resulting in 13 patients and 10 staff members testing positive, with one patient fatality. The outbreaks lasted 41 days on each unit, highlighting the need for improved infection control measures and infrastructure enhancements to manage such crises effectively.¹⁸⁷

Community forensic services also encountered difficulties, such as the reconfiguration of beds within forensic and adult services to create COVID-19-specific quarantine areas.^{188,189} For example, Woodland View noted the reconfiguration of beds to establish a 'red zone' ward to support COVID-19 patients.¹⁹⁰ However, several services reported that their physical infrastructure was not compatible with the required infection control measures, impacting their ability to manage the pandemic effectively.

Telehealth emerged as a vital tool during the pandemic, enabling the continuation of mental health services amid restrictions on in-person interactions.¹⁹¹ The rapid adoption of telepsychiatry facilitated ongoing care for forensic patients, ensuring access to essential services despite lockdown measures.^{92,99,192} This shift underscores the importance of investing in telehealth infrastructure to maintain service delivery during emergencies.

Recent developments indicate a recognition of these needs. For instance, Kansas has committed to increasing hospital beds for mentally ill defendants to address excessive wait times for mental competence evaluations, aiming to open a new psychiatric hospital by January 2027 and seeking funds to reopen a 30-bed unit at Larned State Hospital.¹⁹³ By investing in these areas, forensic mental health systems can enhance their capacity to provide uninterrupted care during future crises, ensuring better outcomes for patients and upholding public safety.

6.3. Integrating legal and clinical perspectives

The COVID-19 pandemic has highlighted the critical importance of ongoing collaboration among forensic psychiatrists, legal professionals, and policymakers to effectively address emerging challenges at the intersection of mental health and law.¹⁹⁴ Forensic psychiatry serves as a bridge between the medical and legal fields, providing essential insights into defendants' mental states and informing legal decisions.¹⁹⁵ This collaboration ensures that justice is both fair and informed by sound medical knowledge. Recent cases, such as the Nottingham attacks, underscore the consequences of systemic failures in mental health care and

the need for accountability and systemic change.¹⁹⁶ By fostering continuous dialogue and cooperation, these stakeholders can develop comprehensive strategies to navigate complex issues, uphold ethical standards, and promote justice for individuals with mental health disorders within the legal system.

6.4. Research opportunities and limitations of the study

The COVID-19 pandemic has highlighted significant gaps in our understanding of its long-term effects on forensic mental health, presenting numerous research opportunities. Future studies could explore the pandemic's impact on patient profiles, such as changes in the prevalence and severity of mental health disorders within forensic populations. Investigating the effectiveness of telepsychiatry in forensic settings, including its influence on assessment accuracy and therapeutic outcomes, is another critical area. Additionally, examining the ethical and legal implications of pandemic-induced modifications in service delivery and legal processes could inform policy and practice. Research into the pandemic's effects on staff well-being and the subsequent impact on patient care within forensic settings is also warranted. These areas of inquiry are essential for developing evidence-based strategies to enhance forensic mental health services in future crises.

However, this narrative review has limitations that must be acknowledged. The inherent subjectivity in selecting and interpreting literature may introduce bias, and the non-systematic methodology may result in the omission of relevant studies. The rapidly evolving nature of COVID-19-related research means that new findings may have emerged since the literature was reviewed. Additionally, the focus on certain themes may have led to the exclusion of other pertinent topics within forensic mental health. Future research should aim to address these limitations by employing systematic review methodologies, incorporating the most recent data, and exploring a broader range of issues to provide a more comprehensive understanding of the pandemic's impact on forensic mental health.

7. Conclusion

The COVID-19 pandemic has profoundly impacted forensic mental health, reshaping patient demographics, altering service delivery models, and challenging traditional legal frameworks.^{197,198} The crisis exposed vulnerabilities within forensic mental health systems, such as staffing shortages and limited resources, which hindered the ability to manage both mental health and infection control effectively.¹⁹⁹ However, it also highlighted opportunities for innovation, including the rapid adoption of telepsychiatry and the development of new approaches to community reintegration.²⁰⁰ As professionals and policymakers navigate the post-pandemic landscape, it is essential to implement evidence-based strategies that ensure high-quality care while safeguarding the rights of individuals within forensic settings. This includes investing in secure psychiatric facilities, enhancing community services, and fostering ongoing dialogue between forensic psychiatrists, legal professionals, and policy makers to address emerging challenges at the intersection of mental health and law.

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